

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4							
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34							
35							
36							
37							
38							
39	1						
40		1					
41			1				
42				1			
43					1		
44						1	
45							1
46							
47							
48							
49							
50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52	1						
53		1					
54			1				
55				1			
56					1		
57						1	
58							1
59							
60							
61							
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95							
96							
97							
98							
99							
100							
TOTAL IND.		2					
TOTAL DEP.							
TOTAL DEP.							
TOTAL CLAIMS		28					